## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P97000029554 DOCUMENT #

1. Entity Name

TER-LAR, INC.

SIGNATURE: 1



## **FILED** Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90108 031 \*\*\*150.00

954.942-2937

Daytime Phone #

Not Application   Security   Size   Country   Size   Country   Street Address of Status Desired   Sex.75 Additional Fee Required					100	OO WE THE					
2. Principal Place of Business   3. Mailing Address	600 NE 33RD ST	REET	600 NE 3	3RD STREET	64			11661 118 1811 1861 1861 1861 1861 18			
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Signature   Delete	Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and active obligations of registered agent.  SIGNATURE  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and active obligations of registered agent.  SIGNATURE  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and active obligations of registered agent.  SIGNATURE  SIGNAT	City & State		City & State								plied For t Applicable
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GOLDERG, LARRY 600 NE 33RD STREET POMPANO BEACH FL 33064  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Signature requised agent, or both, in the State of Florida. I am tamiliar with, and acceptable of Florida Deal  Added to Fee  FL  RAME  SIREET ADDRESS  CITY-ST-Zip  TITLE  Delete  TITLE  MAME  SIREET ADDRESS  CITY-ST-Zip  TITLE  Change AMAE  SIREET ADDRESS  CITY-ST-Zip  TITLE  Ch		6. Name and Address of Currer	t Registered	Agent			7. Name a	nd Address of New Reg	gistered Ag	ent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepted the obligations of registered agent.  SIGNATURE  Signature, Speak or printed name of registered agent.  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE  NAME  SIRRET ADDRESS  GITY-ST-2IP  FOMPANO BEACH FL 33064  TITLE  MAME  STREET ADDRESS  GITY-ST-2IP  TITLE  MAME  STREET ADDRESS  GITY-ST-2IP  TITLE  Delete  TITLE  MAME  STREET ADDRESS  GITY-ST-2IP  TITLE  Delete  TITLE  Delete  TITLE  MAME  STREET ADDRESS  GITY-ST-2IP  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  MAME  STREET ADDRESS  GITY-ST-2IP  TITLE  Delete  TITLE			جہور پاسست		_ Nam	ie	ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ				
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent.  SIGNATURE  Signature, typed or printed frame of registered agent and life if applicable. (NOTE Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$50.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  SIREET ADDRESS  CITY-ST-2IP  FOMPANO BEACH FL 33064  TITLE  NAME  SIREET ADDRESS  CITY-ST-2IP  TITLE  Delete  TITLE  NAME  SIREET ADDRESS  CITY-ST-2IP  TITLE  Delete  T	=				Stree	et Address (	P.O. Box Num	nber is Not Acceptable)	<u> </u>		·
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.	indicated of	on this report or supplemental repol poration or the receiver or trustee en	t is true and a noowered to e	ccurate and that i xecute this report	my signature si t as required by				appears in		